

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591962

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		3		/		
7		3		/		
8		3		/		
9		0		/		
10	/	0	/			
11		/		/		
12		2		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19		0		/		
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48				/		
49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS			44			